STATE OF SOUTH CAROLINA  ) (Caption of Case)  Example: Application for a Class C Charter Certificate from  John Doe dba Doe's Limo  Posted: Local  Days: NA	BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  TRANSPORTATION COVER SHEET  DOCKET 2011 499 T NUMBER:	
Date: 12/8/11	If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.	
(Please type or print) Submitted by: Qubey Davidson	Telephone: 619-708-2103	
Address: 1559 SCOTT HILL, RD  Charleston SC 29412	Fax: 843 566 5067	
NOTE: The cover sheet and information contained herein neither replaces as required by law. This form is required for use by the Public Service C be filled out completely.	commission of South Carolina for the purpose of docketing and must	
NATURE OF ACTION	(Check all that apply)	
Application - Class A/A Restricted	Request for Name Change on Certificate	
Application - Class C Taxi	Request to Amend Scope of Authority	
Application - Class C Charter	Request to Amend Tariff (rate increase, etc.)	
Application - Class C Charter Bus	Request to Amend Passenger Limit	
Application - Class C Non-Emergency  RECEI	₩₩₩ Request	
Application - Class C Stretcher Van	2011 Exhibit	
	I ata Eilad Ershihit	
Application - Class E Household Goods  PSC SC  MAIL / DI	MS Letter	
Application	Proposed Order	
Request for Extension to Comply with Order	Publisher's Affidavit	
Request for Order Granting Authority to Obtain a Certificate	Reservation Letter	
of Public Convenience and Necessity to be Rescinded	Response	
Request for Cancellation of Certificate	Return to Petition	
Request for Suspension	Other:	
Request for Reinstatement		

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

FAX



4809 Clairemont Drive • San Diego CA 92117 Ph: (858) 490-1690 • Fax: (858) 490-1695

То	From Cuben Davidson
Company	Phone number <u>609 708 200 3</u>
Fax number 803 896 5 (99	Fax number
Date	Total pages 1
Job number	

Rubeni DAVIDSON

DBA Yellow Checker Express VANTAXILINO

Callen Dewidson

### PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100 Columbia, South Carolina 29210

(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100

Fax: (803) 896-5199

# APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

	Date: 113011
CI	LASS C - TAXI
	oplication is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.
1.	Ruben Davidson dba  Name under which business is to be conducted (corporation of the restriction of the conducted) (corporation of the corporation of t
_	Yellow Checker VAN TAXI/IMO 1559 Scott Hour RD Charles Ton SC29412 Street Address of Applicant
-	Mailing Address of Applicant (if different from street address)
	619 708 2103 843566 5067
-	Phone Fax
-	T
	Email Address
2.	If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)
3.	Select Entity Type: (Check one)
	Individual Owner/Sole Proprietorship
	Individual Owner/Sole Proprietorship  Partnership - List names and addresses of all person having an interest in the busines MAIL / DMS
	Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### **BALANCE SHEET**

	Balance at Time Application is Filed:  Month/(Year//
Assets:	
Cash	Ô
Receivables	C
Real Estate	0
Buildings and Equipment (Net)	0
Motor Vehicles (Net)	6000
Garage Equipment (Net)	0
Machinery and Tools (Net)	0
Supplies on Hand	0
Prepaids and Other Assets	0
Total Assets*	6000
<b>Liabilities and Equity:</b>	
Accounts Payable	
Notes Payable	350 MONTH
Mortgages Payable	0
Equipment Obligations	0
Accrued Salaries and Wages	0
Other Accrued Obligations	0
Other Liabilities	0
Total Liabilities	<b>\$</b> 350
	A
Capital Stock	0
Retained Earnings	6
Total Equity	\$5650
Total Liabilities and Equity*	

<sup>\*</sup> Total Assets = Total Liabilities and Equity

### PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and C	<u>harges (List only 1</u>	naximum charges per m	ile or trip, and/c	or hourly rate):	
Meter	Starts	a+\$ 4.00,	\$ 2.5 b	per mile	

Outher that additional passengers \$3.00 per person Time met 10.00 per hour

Requested Scope of Authority: Check all counties in which you are requesting permission to operate. You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

Abbeville	Cherokee	Florence	Lee	Saluda
Aiken	Chester	Georgetown	Lexington	Spartanburg
Allendale	Chesterfield	Greenville	Marion	Sumter
Anderson	Clarendon	Greenwood	Marlboro	Union
Bamberg	Colleton	Hampton	McCormick	Williamsburg
Barnwell	Darlington	Horry	Newberry	York
Beaufort	Dillon	Jasper	Oconee	
Berkeley	Dorchester	Kershaw	Orangeburg	Statewide
Calhoun	Edgefield	Lancaster	Pickens	
Charleston	Fairfield	Laurens	Richland	

## **DESCRIPTION OF EQUIPMENT**

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)					
☐ 1-7 Pa	ssengers, includi	ng driver			
8-15 I	Passengers, include	ding driver			
MAKE	YEAR & M	10DEL	VIN#	EN	APTY WEIGHT
2003	cheuy,	ASTRO VAI	V IGNDMI9	(13B10743 x	1800 LBS
				,	
		·····			
	<del></del>				

### INSURANCE QUOTE

# This form MUST BE COMPLETED AND SIGNED by an AUTHORIZED INSURANCE COMPANY REPRESENTATIVE.

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to

The following insurance quote is for:
Ruben Davidson
Name of Applicant
Name of Applicant  1559 Sootthill Rd Charleston, SC 29412  Address of Applicant
Address of Applicant
Amount of Premium:  Limits Quoted: (See Below)
Liability Insurance \$ 2900 Limits 500,000 CSL
The above quoted premium is for a term of months.
Minimum Limits - Intrastate Only;
1-7 Passengers* \$ 25,000/50,000/25,000 * Passengers = Number of seatbelts in the vehicle including the driver's seatbelt including the driver's seatbelt
Starnet
Name of Insurance Company
2843-B W Palmetto ST Home Office Address of Company
Home Office Address of Company
I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quot meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.
11-30-11 Rung Par
Date Authorized Insurance Company Representative's Signature

#### NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

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## Exhibit Fit, Willing, and Able (FWA)

		Ruben Davidson
		Name of Applicant
1.	Are there currently any or  O Yes	utstanding judgments against the Applicant?  No
	If Yes, indicate nature of	judgement(s) against applicant.
2.		all statutes and regulations, including safety regulations and governing for-hire motor a South Carolina, and does Applicant agree to operate in compliance with these
	Yes	○ No
3	Is Applicant aware of the	Commission's insurance requirements and the insurance premium costs associated
<i>J</i> .	therewith?	
	W res	○ No

## **Exhibit on Driver Qualifications**

Applicant understand	ds that all drivers must	be a minimum of 18 years of age.
Ø Yes	O No	
and such record from	the DMV of the state	of the driver's three (3) year driving record issued by the SC DMV in which the driver is or has been domiciled for such period must office.
⊗ Yes	O No	
must be maintained in		ry background check from the state where the driver currently lives
Ø Yes	○ No	
their possession when	n operating a charter v	ating a vehicle under a Class C Taxi Certificate must have in ehicle, a valid driver's license issued by the SC DMV or the current
vehicles to drivers wh	no are registered, or re	Certificate holders are prohibited from employing or leasing quired to be registered, as sex offenders with the South Carolina ional registry of sex offenders.
	Applicant understand and such record from be maintained in the Yes  Applicant understand must be maintained in Yes  Applicant understand their possession when state of residence of the Yes  Applicant understand their possession when state of residence of the Yes  Applicant understand vehicles to drivers when the Yes	Applicant understands that a certified copy and such record from the DMV of the state be maintained in the Applicant's business of the Yes

#### PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA POST OFFICE DRAWER 11649 COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Applicant's Signature

Title of Applicant (e.g. President, Owner, etc.)

COUNT OF \_\_\_\_\_\_

SWORN TO BEFORE ME

30 day of November 20

Motary Public

Commission Expires 1 October 2019

LINDA W. STEWART
NOTARY PUBLIC
SOUTH CAROLINA